

DEMOCRATIC CLUB OF CLAREMONT

P.O. BOX 1201, CLAREMONT, CA 91711

(909) 632-1516

[www.claremontdems.org](http://www.claremontdems.org)

[claremontdemocrats@yahoo.com](mailto:claremontdemocrats@yahoo.com)

RECEIVED

2013 AUG -7 AM 9:33

FEC MAIL CENTER

July 31, 2013

Federal Election Commission  
999 E Street NW  
Washington DC 20463

Subject: ID Number C00404319

Dear Sirs:

For the past several years our club has been electronically submitting the reports that you require. Since we no longer have an operating income above \$50,000 and are unlikely to achieve that amount in the foreseeable future, we were given permission by Rosa Lewis in your office to prepare and manually submit our 2013 filing.

Please contact me if you have any questions or if you need any other documentation from me.

Cordially,



Carol Whitson  
Treasurer  
(909) 629-7994

13031110197

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2013 AUG -7 AM 9:33

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5 FEC MAIL CENTER

Democratic Club of Claremont

ADDRESS (number and street)

P.O. Box 1201



Check if different  
than previously  
reported. (ACC)

Claremont

CA

91711

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00404319

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15  
Quarterly Report (Q1)



July 15  
Quarterly Report (Q2)



October 15  
Quarterly Report (Q3)



January 31  
Year-End Report (YE)



July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)



Termination Report  
(TER)

(b) Monthly  
Report  
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)  
(Non-Election  
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)  
(Non-Election  
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:



Primary (12P)



General (12G)



Runoff (12R)

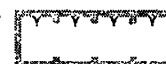


Convention (12C)



Special (12S)

Election on



in the  
State of



(d) 30-Day  
POST-Election  
Report for the:



General (30G)

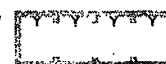


Runoff (30R)



Special (30S)

Election on



in the  
State of



5. Covering Period



through



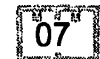
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Carol Whitson

Signature of Treasurer

*Carol Whitson*

Date



NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**DEMOCRATIC CLUB OF CLAREMONT**

Report Covering the Period: From: **01 / 01 / 2013** To: **06 / 30 / 2013**

	<b>COLUMN A This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
6. (a) Cash on Hand January 1, <b>2013</b>		<b>4,860.23</b>
(b) Cash on Hand at Beginning of Reporting Period.....	<b>4,860.23</b>	
(c) Total Receipts (from Line 19) .....	<b>2,300.80</b>	<b>2,300.80</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<b>7,161.03</b>	<b>7,161.03</b>
7. Total Disbursements (from Line 31).....	<b>3,124.92</b>	<b>3,124.92</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<b>4,036.11</b>	<b>4,036.11</b>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<b>0</b>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<b>0</b>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**DEMOCRATIC CLUB OF CLAREMONT**

Report Covering the Period:

From:

01 / 01 / 2013

To:

06 / 30 / 2013

## I. Receipts

### COLUMN A Total This Period

### COLUMN B Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

250.00

250.00

(ii) Unitemized.....

2,050.80

2,050.80

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

2,300.80

2,300.80

(b) Political Party Committees.....

0

0

(c) Other Political Committees

(such as PACs).....

0

0

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

2,300.80

2,300.80

12. Transfers From Affiliated/Other

Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0

0

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5).....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

2,300.80

2,300.80

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

2,300.80

2,300.80

13031110200

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

## **II. Disbursements**

### **COLUMN A** **Total This Period**

### **COLUMN B** **Calendar Year-to-Date**

21. Operating Expenditures:
- (a) Allocated Federal/Non-Federal Activity (from Schedule H4)
- (i) Federal Share .....
- (ii) Non-Federal Share.....
- (b) Other Federal Operating Expenditures .....
- (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ..... ▶
22. Transfers to Affiliated/Other Party Committees.....
23. Contributions to Federal Candidates/Committees and Other Political Committees.....
24. Independent Expenditures (use Schedule E) .....
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....
26. Loan Repayments Made.....
27. Loans Made.....
28. Refunds of Contributions To:
- (a) Individuals/Persons Other Than Political Committees .....
- (b) Political Party Committees .....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶
29. Other Disbursements .....
30. Federal Election Activity (2 U.S.C. §431(20))
- (a) Allocated Federal Election Activity (from Schedule H6)
- (i) Federal Share .....
- (ii) "Levin" Share.....
- (b) Federal Election Activity Paid Entirely With Federal Funds .....
- (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... ▶
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... ▶

0
0
2,172.84
2,172.84
0
702.08
0
0
0
0
0
0
0
0
0
0
0
0
250.00
0
0
0
0
0
3,124.92
3,124.92

0
0
2,172.84
2,172.84
0
702.08
0
0
0
0
0
0
0
0
0
0
0
250.00
0
0
0
0
0
3,124.92
3,124.92

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-**  
**penditures**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
34. Total Contribution Refunds  
(from Line 28(d)) .....
35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....▶
37. Offsets to Operating Expenditures  
(from Line 15, page 3).....
38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....▶

2,300.80
0
2,300.80
2,172.84
0
2,172.84

2,300.80
0
2,300.80
2,172.84
0
2,172.84

13031110202

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC CLUB OF CLAREMONT

Full Name (Last, First, Middle Initial)

A. Esquibel, Abe Jr.

Mailing Address

2460 San Diego Ct

City

Claremont, CA 91711

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Social Worker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 08 / 2013

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

250.00

13031110203

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **7** OF **11**

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC CLUB OF CLAREMONT**

Full Name (Last, First, Middle Initial)

**A.**

**CALIFORNIA DEMOCRATIC PARTY**

Mailing Address

**1401 21st St., Suite 200**

City

**Sacramento,**

State

**CA**

Zip Code

**95811**

Purpose of Disbursement

**Liability Insurance**

Candidate Name

**001**

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

**04 / 05 / 2013**

Amount of Each Disbursement this Period

**550.00**

**B.**

**CAROLEE MONROE**

Mailing Address

**1015 N Indian Hill Blvd**

City

**Claremont, CA 91711**

State

Zip Code

Purpose of Disbursement

**Reimburse Luncheon - CHS Mentoring**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

**02 / 16 / 2013**

Amount of Each Disbursement this Period

**215.33**

**C.**

**CAROLEE MONROE**

Mailing Address

**1015 N Indian Hill Blvd**

City

**Claremont, CA 91711**

State

Zip Code

Purpose of Disbursement

**Reimburse Luncheon - CHS Mentoring**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

**03 / 01 / 2013**

Amount of Each Disbursement this Period

**118.17**

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**883.50**

13031110204



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **8** OF **11**

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC CLUB OF CLAREMONT**

Full Name (Last, First, Middle Initial)

**A. CAROLEE MONROE**

Mailing Address  
**1015 N Indian Hill Blvd**

City **Claremont, CA** State Zip Code **91766**

Purpose of Disbursement  
**Reimburse Luncheon - CHS Mentoring**

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

**04** / **06** / **2013**

Amount of Each Disbursement this Period

**177.68**

**B. CAROLEE MONROE**

Mailing Address  
**1015 N Indian Hill Blvd**

City **Claremont, CA** State Zip Code **91711**

Purpose of Disbursement  
**Reimburse Luncheon - CHS Mentoring**

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

**04** / **20** / **2013**

Amount of Each Disbursement this Period

**96.94**

**C. CAROLEE MONROE**

Mailing Address  
**1015 N Indian Hill Blvd**

City **Claremont, CA** State Zip Code **91711**

Purpose of Disbursement  
**Reimburse Luncheon - CHS Mentoring**

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

**06** / **01** / **2013**

Amount of Each Disbursement this Period

**262.27**

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**536.89**

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **9** OF **11**

<input checked="checked" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC CLUB OF CLAREMONT**

Full Name (Last, First, Middle Initial)

**A. Claremont Chamber of Commerce**

Date of Disbursement

**06 / 01 / 2013**

Mailing Address

**205 Yale Ave**

City

**Claremont, CA 91711**

State

Zip Code

Purpose of Disbursement

**Booth Fee - Village Venture**

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

**205.00**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. Date of Disbursement**

**MM / DD / YYYY**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. Date of Disbursement**

**MM / DD / YYYY**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

**1,625.39**

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 11

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC CLUB OF CLAREMONT**

Full Name (Last, First, Middle Initial)

**A. INLAND COMMUNITIES DEMOCRATIC HQ PAC**

Date of Disbursement

01 / 05 / 2013

Mailing Address  
439 Adrian Ct

City State Zip Code  
Claremont CA 91711

Purpose of Disbursement  
Contribution to Headquarters

011

Category/  
Type

Amount of Each Disbursement this Period

452.08

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. LOS ANGELES COUNTY DEMOCRATIC PARTY**

Date of Disbursement

05 / 06 / 2013

Mailing Address  
3550 Wilshire Blvd. Suite 1203

City State Zip Code  
Los Angeles, CA 90010

Purpose of Disbursement  
Contribution to Awards Banquet

011

Category/  
Type

Amount of Each Disbursement this Period

250.00

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C.** Date of Disbursement

/ /

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

702.08

13031110207

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**DEMOCRATIC CLUB OF CLAREMONT**

Full Name (Last, First, Middle Initial)

**A. LARRY SCHROEDER**

Mailing Address

**619 N. Indian Hill Blvd**

City

**Claremont**

State

**CA**

Zip Code

**91711**

Purpose of Disbursement

**Contribution to campaign**

Candidate Name

**Larry Schroeder**

**011**

Category/  
Type

Date of Disbursement

**02 / 11 / 2013**

Amount of Each Disbursement this Period

**250.00**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) **City Council 3/2013**

State:

District:

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Date of Disbursement

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Date of Disbursement

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:


SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this file number only).....▶

**250.00**

130311110208

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 7/31/13
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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